

10/506865

# DECLARATION/POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing ☒ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e)) required

I/we hereby authorize my/our attorney(s)/agent(s) to select the appropriate check box (shown above) at the time of filing of this Declaration/Power of Attorney for Utility or Design Patent Application and to enter any necessary information into this document.

Attorney Docket Number:

N&amp;N-105US

First Named Inventor:

Bo-Seung Jung

## COMPLETE IF KNOWN

Application Number:

10/506,865

Filing Date:

September 1, 2004

Art Unit:

Examiner Name:

## I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROTARY HINGE MECHANISM OF PORTABLE PHONE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/03/2003 as United States Application or PCT International Application Number PCT/KR03/00410, and was amended on (MM/DD/YYYY) \_\_\_\_\_ by Preliminary Amendment along with the filing of the U.S. National Phase Application (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2002-11156	Korea	03/02/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2002-17842	Korea	04/01/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2002-33787	Korea	06/17/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2002-35249	Korea	06/24/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2002-66579	Korea	10/30/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2002-67631	Korea	11/02/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2003-2120	Korea	01/13/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

# Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ Practitioners at Customer Number **23122**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Bo-Seung

Jung

Inventor's Signature

Date: 2005.4.29

Residence: City: Incheon

State:

Country: Korea

Citizenship: Republic of Korea

Mailing Address: 101-806, Lucky Apt. 924-3, Dongchun-dong, Yeonsu-gu

Mailing Address:

City: Incheon


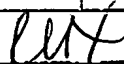
State:

Zip: 406-130

Country: Korea

☒ Additional inventors are listed on the next page.

# Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

<b>Name of Second Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Si-Wan		Kim	
Inventor's Signature 		Date: 2005. 4. 19	
Residence: City: Chungcheongnam-do	State:	Country: Korea	Citizenship: Republic of Korea
Mailing Address: 411, Chugwang-ri, Ungok-myeon, Cheongyang-gun 			
Mailing Address:			
City: Chungcheongnam-do	State:	Zip: 345-871	Country: Korea
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are listed on _____ Supplemental Sheet(s).			